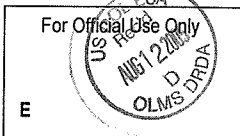


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5674</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Vivien</u> <u>R</u> <u>Kawakami</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1511 Baxter Street</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90026-1909</u>	4. Name, file number, and address of labor organization. Name <u>Laundry Workers Local 52 UNITE-HERE</u> Labor Organization File Number <u>046-239</u> P.O. Box, Building and Room Number, if any _____ Street <u>920 S Alvarado Street</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90006-3008</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Vivien R. Kawakami

On 08/11/2005
Date

(213) 386-3860
Telephone Number

Name of Person Filing Vivien Kawakami	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amvesco National Trust Co</p> <p>Trade Name, if any: Invesco</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 79269</p> <p>Street</p> <p>City Atlanta</p> <p>State Georgia ZIP Code + 4 30357-7269</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Laundry Workers Local 52 Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 920 S Alvarado Street</p> <p>City Los Angeles</p> <p>State California ZIP Code + 4 90006-3008</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager</p> <p>11.b. Approximate dollar value of such dealing. Unknown</p> <p>12.a. Nature of interest held or income received.</p> <p>Gifts: Onions, chocolates, cooler.</p> <p>12.b. Amount. \$50</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Vivien Kawakami

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Benefit Solutions Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2021 Business Center Drive #205

City Irvine

State California ZIP Code + 4 92612-1104

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Laundry Workers Local 52 Health & Welfare Tr

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 920 S Alvarado Street

City Los Angeles

State California ZIP Code + 4 90006-3008

11.a. Nature of such dealing.

Health and Welfare Trust Consultant

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Lunch

12.b. Amount.

\$30

August 11, 2005

1511 Baxter Street
Los Angeles, CA 90026-1909

U.S. Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, NW
Washington, D. C. 20210-0001

RE: FORM LM-30 Labor Organization Officer and
Employee Report

Dear Sir or Madam:

I have no specific document(s) of the value of the items on the attached report. However, I have completed the report to the best of my specific recollection.

Respectfully,


Vivien R. Kawakami